FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

(6)

J.R.'S ADVENTURES INC.

DOCUMENT #
1. Corporation Name

FILED

Mar 10 1998 8:00am

Secretary of State

| Principal Place of Business | | Mailing Addre | Mailing Address | | | a laeli diseli elebi ilabe silili odibi asili oldis obbi oldir dibil gidil dibil dibil | | |
|---|------------|----------------|---|-------|--|---|----------|--|
| 2120 TAMIAMI TRAIL NORTH NAPLES FL 33940 | | | 2120 TAMIAMI TRAIL NORTH NAPLES FL 33940 | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualified | | |
| | | | | | | 06/04/1992 | | |
| 2. Principal Place of Business | | 2a. Mailing Ad | n. Mailing Address | | | 4. FEI Number Applied | d For | |
| नी | | 26 | | | | 65-0337587 Not Ap | plicable | |
| Suite, Apt. #, etc. | | Suite, Apt. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired S8.75 Addit Fee Regular | | |
| City & State | 9 | City & Stal | e | | | 6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe | | |
| Zip | Country 25 | <i>Z</i> ip | 30 | untry | , | 8. This corporation owes or has paid the current year Intangli Personal Property Tax due June 30. Yes No | | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | |
| JOCHEN, GAIL C. & ELIZABETH JANE RUPRECHT | | | | 61 | 2 Street Address (P.Ö. Box Number is Not Acceptable) | | | |
| NAPLES FL 33940 | | | B2 | | | | | |
| | | | 83 | | | | | |
| | | | | 84 | City | El 85 Zip Code | , | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

| agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. | | | | | | | |
|--|------------------------|------------------|----------------------|---|------------|--|--|
| SIGNATURE Signature, typets or printed opine of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinslating) DATE DATE | | | | | | | |
| 12. | OFFICERS AND D | IRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PT | DELETE | 1.1 TITLE | ☐ Change | Addition | | |
| NAME | JOCHEN, GAIL C. | | 1.2 NAME | • | | | |
| STREET ADDRESS | 576 NEAPOLITAN LANE | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES FL | | 1.4 CITY-ST-ZIP | · | | | |
| TITLE | VS | ☐ DELETE | 2.1 TITLE | ☐ Change | ☐ Addition | | |
| NAME | RUPRECHT, ELIZABETH J. | | 2.2 NAME | | | | |
| STREET ADDRESS | 576 NEAPOLITAN LANE | | 2.3 STREET ADDRESS | • | | | |
| City-St-Zip | NAPLES FL | | 2. 4 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change | Addition | | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | , No. | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change | Addition | | |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | Change | Addition | | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | , | | |
| TITLE | | ☐ DELE TE | 6.1 TITLE | ☐ Change | ☐ Addition | | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.